

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030439

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 339

FILED SEP 11 1962

VS 300
Rev. 4/59

6269

208101

3

4 1

5 1

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9 581.0

10

11

12 1-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jefferson City

Length of stay in 1b

4 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Still Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Phelps

c. CITY

OR TOWN
Rolla

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS (If outside, give location)

R.F.D. #2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Verdie Almira Keeney

4. DATE

OF DEATH

September 1, 1962

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4-11-1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR INDUSTRY

own House

11. BIRTHPLACE (City and state or country)

Bois D'Aer, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benjamin Wells

13b. MOTHER'S MAIDEN NAME

Hannah Chapman

14. NAME OF HUSBAND OR WIFE

George Keeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

George Keeney Rolla, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HEPATO-CELLULAR FAILURE

INTERVAL BETWEEN ONSET AND DEATH

6 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

HEPATIC CIRRHOSIS

18 MONTHS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-28-1962 to 9-1-1962 and last saw her alive on 9-1-1962

Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

S.E. Duffen Jr.

(Degree or title)

22b. ADDRESS

Jefferson City, Missouri

22c. DATE SIGNED

9-1-1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-1-1962

23c. NAME OF CEMETERY OR CREMATORY

OZARK MEMORIAL PARK

23d. LOCATION (City, town, or county)

Rolla, Missouri

(State)

24. FUNERAL DIRECTOR

Eldon N. Houser of Jefferson City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

1 September 1962

26. REGISTRAR'S SIGNATURE

R. D. Smith, Registrar

(Licensed Embalmer & Embalmer)

USE BLACK INK

OR

TYPEWRITER RIBBON

SEP 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene E. Hunter

Licensed Embalmer No. 4739

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.